

MEMORANDUM

Agenda Item No. 3(A)(4)

TO: Honorable Chairman Jean Monestime
and Members, Board of County Commissioners

DATE: February 18, 2015

FROM: R. A. Cuevas, Jr.
County Attorney

SUBJECT: Resolution retroactively
authorizing in-kind services
for the August 20, 2014 "20th
Anniversary Exodus 1994" event

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Rebeca Sosa.



R. A. Cuevas, Jr.
County Attorney

RAC/smm



MEMORANDUM

(Revised)

TO: Honorable Chairman Jean Monestime
and Members, Board of County Commissioners

DATE: February 18, 2015

FROM: 
R. A. Cuevas, Jr.
County Attorney

SUBJECT: Agenda Item No. 3(A)(4)

Please note any items checked.

- ☐ "3-Day Rule" for committees applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Ordinance creating a new board requires detailed County Mayor's report for public hearing
- ☒ No committee review
- ☐ Applicable legislation requires more than a majority vote (i.e., 2/3's ____, 3/5's ____, unanimous ____) to approve
- ☐ Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required

Approved _____ Mayor

Agenda Item No. 3(A)(4)

Veto _____

2-18-15

Override _____

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE AUGUST 20, 2014 "20th ANNIVERSARY EXODUS 1994" EVENT SPONSORED BY FUNDACION EXODO 1994, INC. IN THE AMOUNT OF \$790.00 TO BE FUNDED FROM THE BALANCE OF DISTRICT 6 FY 2013-14 IN-KIND RESERVE FUND

WHEREAS, the Fundacion Exodo 1994, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the August 20, 2014 "20th Anniversary Exodus 1994" event in the amount of \$790.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, Fundacion Exodo 1994 is an organization that is dedicated to defending the human rights of Cuban rafters; and

WHEREAS, the purpose of the "20th Anniversary Exodus 1994" event is to celebrate and remember the mass exodus of rafters that left Cuba during the summer of 1994; and

WHEREAS, the "20th Anniversary Exodus 1994" event is a major event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$790.00 of the in-kind services shall be funded from the balance of the District 6 FY 2013-14 In-Kind Reserve Fund,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board authorizes in-kind services from the Parks, Recreation and Open Spaces Department for the August 20, 2014 "20th Anniversary Exodus 1994" event sponsored by Fundacion Exodo 1994, Inc. in the amount of \$790.00 to be funded from the balance of the District 6 FY 2013-14 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Rebeca Sosa. It was offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

Jean Monestime, Chairman	
Esteban L. Bovo, Jr., Vice Chairman	
Bruno A. Barreiro	Daniella Levine Cava
Jose "Pepe" Diaz	Audrey M. Edmonson
Sally A. Heyman	Barbara J. Jordan
Dennis C. Moss	Rebeca Sosa
Sen. Javier D. Souto	Xavier L. Suarez
Juan C. Zapata	

The Chairperson thereupon declared the resolution duly passed and adopted this 18th day of February, 2015. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this Resolution and the filing of this approval with the Clerk of the Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.



Gerald K. Sanchez

**MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION**

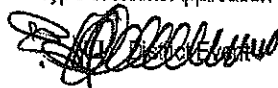
COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Delores Green
Office of Strategic Business Management
111 N.W. 1st Street, Suite 2200
Miami, FL 33128

Phone: (305) 375-5143
Fax: (305) 375-5168

Type of Event/Application (select one of the following):



- ☒ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☐ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☐ Special Event - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☒ Major Event - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

Note: Event budget must be included for "Special" and "Major" event types.

1. Full legal name of the requesting organization: Fundación Exodo 1994. INC

2. Applicant Status: (Select one of the choices below)

- ☒ Not-For-Profit or Tax Exempt
☐ For-Profit
☐ Local Government or Public Entity
☐ Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.):

ALPENA GARCIA ALPENA@EXODO94.ORG
(205) 354-0982
13267 NW 8th Ave Miami, FL 33182

4. Specify fee waiver or in-kind service requested (quantify, if applicable):

IN-KIND SERVICES

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):

20 ANNUARY EXHIBITS 1994

6. Please select ALL that apply to event:

- ☐ Economic Development: Event supports vitality or growth of the local economy
- ☒ Youth/Education: Event benefits youth of any age and/or offers educational benefits
- ☐ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☒ Arts and Culture: Event supports music, theatre, literature, art or culture
- ☐ Environmental: Event benefits environmental concerns or promotes conservation
- ☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s))

District #13 Amelia Heart Park.
401 E 65th
Hialeah FL 33013

8. Description of regional or local impact:

Celebrate and Remember the
events during the Summer of
1994

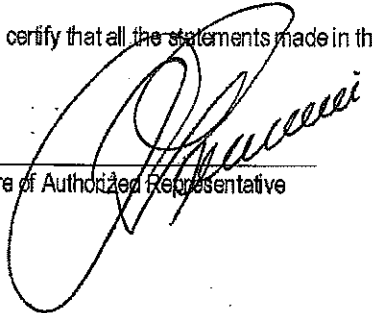
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):

August 20 10:00 AM to 6:00 PM

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
Page 3

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): 401 @ 65 St
Hialeah FL 33013
FARM AREA
11. Expected number of participants and estimated attendance (per day, if applicable): one day August 20 / 2014
12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): Attached

I hereby certify that all the statements made in this application are true and correct.


Signature of Authorized Representative

08-15-2014.
Date

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Profit Corporation**

FUNDACION EXODO 1994, INC.

Filing Information

Document Number	P14000020626
FEI/EIN Number	46-4998294
Date Filed	03/05/2014
State	FL
Status	ACTIVE
Effective Date	03/03/2014

Principal Address13267 NW 8TH TERRACE
MIAMI, FL 33182**Mailing Address**13267 NW 8TH TERRACE
MIAMI, FL 33182**Registered Agent Name & Address**GARCIA, ALICIA
13267 NW 8TH TERRACE
MIAMI, FL 33182**Officer/Director Detail****Name & Address**

Title P

GARCIA, ALICIA
13267 NW 8TH TERR.
MIAMI, FL 33182

Title VP

LLANES, JOSE M
13267 NW 8TH TERR.
MIAMI, FL 33182 UN**Annual Reports****No Annual Reports Filed**

Document Images

05/07/2014 -- Off/Dir Resignation

[View image in PDF format](#)

03/05/2014 -- Domestic Profit

[View image in PDF format](#)[Copyright © and Privacy Policies](#)

State of Florida, Department of State



FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
COMMISSIONER ADAM H. PUTNAM

April 8, 2014

Refer To: DTN2546901

FUNDACION EXODO 1994, INC.
13267 NW 8TH TER
MIAMI, FL 33182-1827

RE: FUNDACION EXODO 1994, INC.
REGISTRATION#: CH40617 EXPIRATION DATE: March 27, 2015

Dear Sir or Madam:

The Department has received your application submitted under Chapter 496, Florida Statutes, the Solicitation of Contributions Act. Effective July 1, 2013, qualified charitable organizations are exempt from the fee based registration if they meet the following criteria:

- * The charitable organization or sponsor has less than \$25,000 in total revenue during the preceding fiscal year.
- * The fundraising activities of the charitable organization or sponsor are carried on by volunteers, members, or officers who are not compensated and no part of the assets or income of the organization or sponsor inures to the benefit of or is paid to any officer or member of the above named charitable organization or sponsor.
- * The charitable organization or sponsor does not utilize a professional fundraising consultant, professional solicitor, or commercial co-venturer.

Based on the information provided, it appears your organization is not subject to the fee based registration and has complied with the filing requirements of s. 496.406.

1. Please sign, date and return the enclosed request for refund of your payment.

PLEASE NOTE: If circumstances change, and you no longer meet one or more of the above listed qualifiers during this exemption period, you must submit a registration application with all required attachments and fees within 30 days of the qualifying change.

Every charitable organization or sponsor which is required to file under s. 496.406 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal to be filed on or before the date of expiration of the previous exemption. The Department will send a renewal package approximately 35 days prior to the date of expiration shown above. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS. If we may be of further assistance, please contact the Solicitation of Contributions Section.

Sincerely,

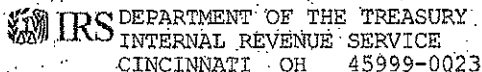
Tom Kenny

Tom Kenny
Regulatory Consultant

850-410-3681

Fax: 850-410-3804

E-mail: thomas.kenny@freshfromflorida.com



Date of this notice: 03-05-2014

Employer Identification Number:
46-4998294

Form: SS-4

Number of this notice: CP 575 A

FUNDACION EXODO 1994 INC
13267 NW 8TH TER
MIAMI, FL 33182

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-4998294. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

08/15/2014

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is FUND. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

03-05-2014 FUND B 9999999999 SS-4

CP 575 A (Rev. 7-2007)

CP 575 A

DATE OF THIS NOTICE: 03-05-2014
EMPLOYER IDENTIFICATION NUMBER: 46-4998294
FORM: SS-4 NOBOD

FUNDACION EXODO 1994 INC
13267 NW 8TH TER
MIAMI, FL 33182

Fee Waiver/In-kind Services Application Check List

- C 1. Is every item on the application completed?
- C 2. Is the **Full Legal Name** of the organization listed on the application? Example:
- If the legal name of an organization is "We Fight Cancer One Person At a Time, Inc." that is what the application should state and not simply, "We Fight Cancer".
- C 3. Is a copy of the non-profit status included with the application? A copy of that information can be downloaded from the Florida Corporation's Website:
- <http://www.sunbiz.org/corpweb/inquiry/cormenu.html>
- C 4. Are the following items indicated:
1. Type of Event (i.e. special, major, district, or small)
 2. Applicant Status
 3. Name of the Contact person for the organization
 4. Physical Address of the Event
 5. Specify the fee waiver or in-kind service requested
- C 5. Have you included an **event budget** for "Special" and "Major" event types?
- C 6. Has the authorized organization representative signed the application?

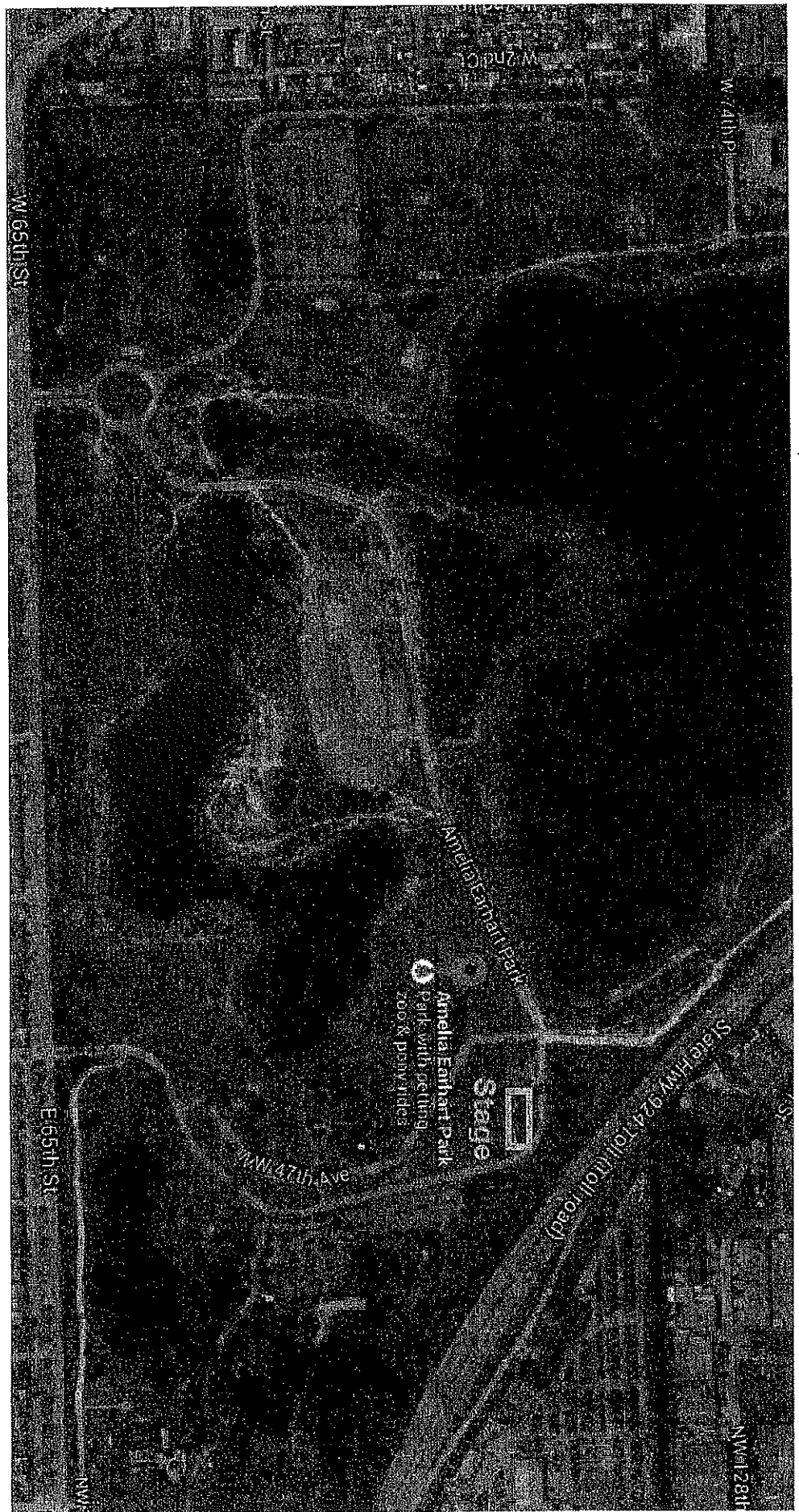
NOTE: ALL QUESTIONS MUST BE ANSWERED. IF ANY INFORMATION IS MISSING, THE APPLICATION WILL NOT BE ACCEPTED.

For OSBM Staff Use Only

_____ Complete package received

_____ Incomplete package, return to _____ District _____

Reason(s): _____



FUNDACION EXODO 1994 EVENT

5000 EXPENSES	ORIGINAL	INK IND	BALANCE	5330 PRINT	ORIGINAL	INK IND	BALANCE
5010 Agency Fees	\$0.00	\$0.00	\$0.00	5331 Miami Herald	0		
5100 Gate Expenses	0	0	0	5332 Diario de las America		1300	0
5151 Insurance-General Lib.	2,300.00	0		5333			0
5161 Concessions Lic.	0	0	0	5334 Posters / Printing	5,800.00	0	\$5,800.00
5171 Permits	1,400.00	0		5335			0
TOTAL INSURANCES & LIC.	3,700.00	0	3,700.00	TOTAL PRINT			
5200 VENUE				5340 AD PRODUCTION Stage portable 2 1 28 x 15			
5210 Site Rental		4000		5340 Audio / Stages 2	11,000.00	0	
5220 Clean up		1000	0	5342 Video	3,000.00	0	
5230 Electrical	550	300	\$550.00	5344 Illustration edit	2,000.00	0	
5240 City Surcharge	0	0	0	5345 Photography	2,000.00	0	
5250 Re-Entry Wristbands	0	0		5346 VIP Food Donated/Drinks	2,500.00	1700	
5260 Power Company	0	0	0	TOTAL AD PRODUCTION	26,300.00	0	\$26,300.00
5265 Equipment Rental TOTAL VENUE EXPENSES	\$550	\$5,300.00	\$550.00	5350 OUT OF HOME 5351 Signs	1,200.00		
5280 SITE EXPENSES				5352 Decorations	2,800.00		
5282 Ticket Shed Rental		0		5353 Awards 35	1700	0	0
5283 Solid Waste Fee Bath room	\$850	0	\$850.00	5354 T-Shirts 550	3600	0	0
5284 Concession Rental Fees	0	0	0	5355 Dade County Schools	0.00		0
5285 Damage vs. Deposit		0		Total (Scrn TV's)	\$9300.00		\$9,300.00
5286 Site Fire Dept 4 FP	\$2,780		\$2,780.00	TOTAL MEDIA			
Police Tower (4) TOTAL SITE EXPENSES 10 officers	\$7,800.00	0	\$7,800.00	5400 SAFETY 5410 County Police			0
5300 MEDIA				5420 Private Guards 22nights	800.00		\$800.00
5301 Tv Marti		12,000.00		5430 Fire Department			0
5302 Radiluz		10,000.00		5440 Access Passes	0	0	0
America Tv	0	15,000	0	TOTAL Security			

FUNDACION EXODO 1994 EVENT

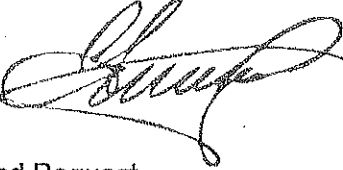
Beunds Dias Miami channel 18, Marl Evira	15000			5500 LODGING 5510 Hotel(35rms@ \$99.00x2days) TOTAL	0.00 0.00	
La Poderosa	7000	0	6550 GROUND TRANSPORTATION			
Maria Castellon	5000	0	5551 Limo Service		0	
Total Media	\$64,000.00			Total Event \$	\$57,880.00	0 \$57,880.00
				Total Event \$	\$72,300.00	

Memorandum



Date: February 18, 2015

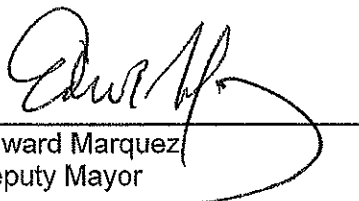
To: Honorable Chairman Jean Monestime
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor 

Subject: District Specific In-Kind Request

A retroactive waiver for in-kind services has been requested by Fundacion Exodo 1994, Inc., for their "20th Anniversary Exodus 1994" event held on August 20, 2014.

In-kind services have been requested from the Parks, Recreation and Open Spaces Department in the amount of \$790 for the use of one large stage. This event will be funded from the balance of District 6 FY 2013-14 In-Kind Reserve Funds.


Edward Marquez
Deputy Mayor

Inkind01475